



COPY OF PAPERS  
ORIGINALLY FILED

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## CHANGE OF CORRESPONDENCE ADDRESS Application

Address to  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number	09/815,927
Filing Date	March 23, 2001
First Named Inventor	Katz
Art Unit	
Examiner Name	
Attorney Docket Number	PMT-001

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number    
Type Customer Number here

OR

Place Customer  
Number Bar Code  
Label here

RECEIVED

MAY 10 2002

<input checked="" type="checkbox"/> Firm or Individual Name	Loudermilk & Associates				
Address	P. O. Box 3607 Technology Center 2100				
Address					
City	Los Altos	State	CA	ZIP	94024-0607
Country	U.S.A.				
Telephone	408-342-1866 (unchanged)		Fax	408-342-1868 (unchanged)	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

RECEIVED

MAY 03 2002

GROUP 3600

Typed or Printed Name	Alan R. Loudermilk, Reg. No. 32,788
Signature	<i>Alan R. Loudermilk</i>
Date	April 18, 2002
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input type="checkbox"/> *Total of _____ forms are submitted.	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.